CLASS E AMENDMENT FORM

Mail or Fax a copy of this form to:	Need Assistance with completing the Form?
Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	SC Office of Regulatory Staff Transportation Department
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800
DATE: April 16, 2018	
I have the following Certificate of Public Convenie	ence and Necessity:
x Class E Household Goods # 9840-A	Class E Hazardous Waste #
Please consider this as my request for the following	ng amendment(s) to my Certificate:
Name Change	
From:	
(Current Name)	(Current DBA, if Applicable)
To:	
(New Name)	(New DBA, if Applicable)
Scope of Authority	
(Current Scope)	(New Scope)
and a formal hearing before the Public Service Commis requires additional justification and will require the pre-	or household goods movers require the filing of a full application. Any request to expand beyond three contiguous counting sentation of a shipper witness(s) at the hearing before the PSC etc. Attach any appropriate documentation)
Dominic Macioce	
(Name)	(DBA if applicable)
626 Autumn Circle (Apt. No.626)	Columbia, SC, 29206
(Street and/or Mailing Address)	(City, State, Zip Code)
Two /	Owner
(Signature)	(Title) Owner, President, etc.
803-814-3569	(Tide) Owner, Hesidelli, etc.
(Telephone Number)	